

TRAVEL EXPENSE CLAIM

See Instructions and Privacy
Statement on Reverse Side

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STD 262 (REV 10/92)

CLAIMANT'S NAME Kira Heinrichs		SSAN OR EMPLOYEE NUMBER		DEPARTMENT Governor's Office	
POSITION Deputy Press Secretary		CB/D NUMBER		DIVISION OR BUREAU Press Office	
RESIDENCE ADDRESS		HEADQUARTERS ADDRESS State Capitol		TELEPHONE NUMBER	
CITY	STATE	ZIP	CITY	STATE	ZIP
Sacramento		California		95814	

MONTH/YEAR		LOCATION WHERE EXPENSES WERE INCURRED	LODGING	MEALS			INCIDENTALS	TRANSPORTATION				BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
DATE	TIME			BREAKFAST	LUNCH	DINNER		COST OF TRANS	TYPE USED	CARFARE TOLLS PARKING	PRIVATE CAR USE MILES AMOUNT		
7-Apr	6:00 PM	Sac-Calexico	92.40					193.70	air				286.10
8-Apr	4:00 PM	Calexico-Sac		3.43				306.79	air/car	9.00	0.00		319.22
12-Apr	5:00 AM	Sac-LA						174.70	air		0.00		174.70
12-Apr	6:00 PM	LA-Sac						174.70	air	9.00	0.00		183.70
21-Apr	5:30am	Sac-Sunnyvale									116	58.00	58.00
21-Apr	3:00 PM	Sunnyvale-Sac								4.00	115	57.50	61.50
25-Apr	4 p.m.	Sac-LA	154.10			13.00		176.70	air		0.00		343.80
26-Apr	10:30 p.m.	LA-Sac		20.00	2.75	8.03	6.00	235.25	air/car	57.00	0.00		329.03
28-Apr	5 a.m.	Sac-LA		6.00				176.70	air		0.00		182.70
28-Apr	4 p.m.	LA-Sac						176.70	air	9.00	0.00		185.70
											0.00		0.00
											0.00		0.00
											0.00		0.00
SUBTOTALS			246.50	29.43	2.75	21.03	6.00	1,615.24	0.00	88.00	231	115.50	0.00
COLUMN CODE (ACCTG. USE ONLY)													
CLAIM TOTAL												2106.45	\$2,124.45

PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts when required)

Staff GS events in Calexico, LA, Sunnyvale

NORMAL WORK HOURS

PRIVATE VEHICLE LICENSE NUMBER

MILEAGE RATE CLAIMED

0.5

AGENCY ACCOUNTING OFFICE

USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754

pertaining to vehicle safety and seat belt usage

CLAIM	DATE 5/6/10	SIGNATURE
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PAID AND PAYMENT

DATE

5/6/10

SIGNATURE OF TITLE OF AUTHORITY FOR SPECIAL NSES

DATE

5/6/10